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HEARTHSIDE REHAB CENTER 9325 NORTH GREEN BAY ROAD

**BROWN DEER** 53209 Ownershi p: Nonprofit Church-Related Phone: (414) 354-4800 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 202 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 238 Average Daily Census: 194

Number of Residents on 12/31/00: 198

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	11. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	10. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	71. 7	More Than 4 Years	77.8
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	12.6		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	13. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	1. 5	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	28. 3		
Transportation	No	Cerebrovascul ar	0.0			RNs	1. 9
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	5. 0
Other Services	No	Respi ratory	0.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	0.0	Male	42. 9	Aides & Orderlies	33. 5
Mentally Ill	No			Female	57. 1		
Provide Day Programming for			100.0			İ	
Developmentally Disabled	Yes			l	100. 0		

Method of Reimbursement

	Medi care			Medi cai d														
		(Title 18)		(	(Title 19)			0ther		Private Pay		]	Managed Care			Percent		
Per Diem		em	Per Diem			m Per Dien		n Per Diem			1	Per Diem Total			Of All			
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents	
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%	
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Dev. Di sabl ed				197 1	00.0	\$138.78	0	0.0	\$0.00	1	100. 0	\$144. 12	0	0.0	\$0.00	198	100.0%	
Traumatic Brain Inj	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%	
Total	0	0.0		197 1	00.0		0	0. 0		1	100.0		0	0.0		198	100.0%	

HEARTHSIDE REHAB CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, an	d Activities as of 12/	31/00	
Deaths During Reporting Period								
		% Needi ng						
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of	
Private Home/No Home Health	47.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents	
Private Home/With Home Health	0.0	Bathi ng	10. 6		53. 0	36. 4	198	
Other Nursing Homes	0.0	Dressi ng	16. 2		49. 0	34. 8	198	
Acute Care Hospitals	21.7	Transferri ng	47. 5		25. 8	26. 8	198	
Psych. HospMR/DD Facilities	26. 1	Toilet Use	18. 7		46. 5	34. 8	198	
Rehabilitation Hospitals	0.0	Eating	46. 0		29. 8	24. 2	198	
Other Locations	4. 3	**************	******	*****	*******	********	*******	
Total Number of Admissions	23	Conti nence		%	Special Treatmen	ts	%	
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3. 0	Receiving Resp	iratory Care	0. 5	
Private Home/No Home Health	17. 6	0cc/Freq. Incontine	nt of Bladder	35. 4	Receiving Trac	heostomy Care	0. 0	
Private Home/With Home Health	0.0	0cc/Freq. Incontine	nt of Bowel	22.7	Receiving Suct	i oni ng	0. 0	
Other Nursing Homes	0.0				Receiving Osto	my Care	1. 5	
Acute Care Hospitals	29. 4	Mobility			Recei vi ng Tube	Feedi ng	5. 6	
Psych. HospMR/DD Facilities	11.8	Physically Restrain	ed	<b>58</b> . <b>6</b>	Receiving Mech	anically Altered Diets	59. 6	
Rehabilitation Hospitals	0.0							
Other Locations	23. 5	Skin Care			Other Resident C	haracteri sti cs		
Deaths	17.6	With Pressure Sores		0.0	Have Advance D	i recti ves	100. 0	
Total Number of Discharges		With Rashes		32. 3	Medi cati ons			
(Including Deaths)	17				Receiving Psyc	hoactive Drugs	61. 1	
**********	*****	********	******	*****	*******	**********	*****	

	Thi s	]	FDD		A1 1		
	Facility	Fac	cilities	Fac	ilties	es	
	%	%	Rati o	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	81. 5	85. 5	0. 95	84. 5	0. 96		
Current Residents from In-County	93. 9	42. 1	2. 23	77. 5	1. 21		
Admissions from In-County, Still Residing	95. 7	19. 5	4. 91	21. 5	4. 45		
Admissions/Average Daily Census	11. 9	16. 4	0. 72	124. 3	0. 10		
Discharges/Average Daily Census	8. 8	19. 2	0. 46	126. 1	0. 07		
Discharges To Private Residence/Average Daily Census	1. 5	9. 2	0. 17	49. 9	0. 03		
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0.00		
Residents Aged 65 and Older	28. 3	16. 2	1. 74	87. 7	0. 32		
Title 19 (Medicaid) Funded Residents	99. 5	99. 5	1. 00	69. 0	1. 44		
Private Pay Funded Residents	0. 5	0. 5	1. 00	22. 6	0. 02		
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09		
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0. 00		
General Medical Service Residents	0.0	0. 2	0. 00	18. 4	0. 00		
Impaired ADL (Mean)*	<b>52.</b> 0	50. 8	1. 02	49. 4	1. 05		
Psychological Problems	61. 1	45. 9	1. 33	50. 1	1. 22		
Nursing Care Required (Mean)*	12. 4	11. 0	1. 13	7. 2	1. 74		